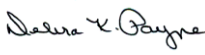
 <p><b>POLICIES AND PROCEDURES</b></p> <p><b>State of Tennessee Department of Intellectual and Developmental Disabilities</b></p>	<b>Policy #:</b> 80.3.7	<b>Page 1 of 4</b>
	<b>Effective Date:</b> August 21, 2015	
	<b>Distribution:</b> B	
<b>Policy Type:</b> Community/Waiver	<b>Supersedes:</b> 80.3.7 (07/06/12)	
<b>Approved by:</b>   <b>Debra K. Payne, Commissioner</b>	<b>Last Review or Revision:</b> June 23, 2015	
<b>Subject:</b> REQUESTS FOR EMERGENCY SERVICE AUTHORIZATIONS		

- I. **AUTHORITY:** Tennessee Code Annotated Section (TCA) 4-3-2708, TCA 33-1-302(a), TCA 33-1-303(3), TCA 33-1-305, TCA 33-3-101, TCA 71-5-144 and Medicaid Home and Community Based Services Waivers.
  
- II. **PURPOSE:** The purpose of this policy is to establish guidelines for review and approval of requests for emergency authorization of HCBS waiver services and state funded services by the Department of Intellectual and Developmental Disabilities (Hereinafter "DIDD" or "Department").
  
- III. **APPLICATION:** This policy applies to all Department Regional Office staff responsible for reviewing, approving and processing requests for emergency service authorization for HCBS waiver services and state funded services, and approved providers of waiver and state funded services responsible for submitting requests for emergency service authorization.
  
- IV. **DEFINITIONS:**
  - A. **Administrator on Duty (AOD)** shall mean a person designated by the Regional Director to be available to respond to emergency requests for services outside usual business hours (i.e., 8:00 a.m. to 4:30 p.m. Monday through Friday) and on holidays.
  
  - B. **Covered Services or Covered Waiver Services** shall mean services which are available through Tennessee's Home and Community Based Services Waiver, when medically necessary, and when provided in accordance with the waiver as approved by the Centers for Medicare and Medicaid Services (CMS).
  
  - C. **Emergency Authorization** shall mean a service authorization that is requested outside usual business hours (i.e., 8:00 a.m. to 4:30 p.m. Monday through Friday) and on holidays and needed prior to the next business day.
  
  - D. **Home and Community Based Services waiver or waiver** shall mean a waiver approved for Tennessee by CMS to provide services to a specified number of Medicaid eligible individuals who have an intellectual disability and who meet

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Medicaid criteria for reimbursement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

The HCBS waivers for individuals with intellectual disabilities in Tennessee are operated by the DIDD with oversight from TennCare, the state Medicaid agency.

- E. **Individual Cost Neutrality Cap** shall mean a financial limit on the total annual cost (i.e., ISP year and waiver year) of a person's Medicaid waiver services in the Statewide waiver, equal to the average cost of private ICF/IID as determined by the Tennessee Office of the Comptroller.
  - F. **Medical Necessity** shall mean the quality of being "medically necessary" as defined by Tennessee Code Annotated 71-5-144 and applies to TennCare enrollees.
  - G. **Plans Review Unit** shall mean the department unit responsible for reviewing individual support plans (ISP) in accordance with approved DIDD protocols to pre-authorize or deny covered waiver services.
  - H. **State Funded Service** shall mean a service reimbursed with funds appropriated to the Department by the Tennessee State legislature.
- V. **POLICY:** The Department ensures the health and welfare of enrollees through review and approval of requests for HCBS waiver services and state funded services. Emergency authorizations are intended to be limited to those situations where, due to unforeseen circumstances, the person supported needs a service authorized outside usual business hours or on holidays, and prior to the next business day, and there is insufficient time for an individual support plan (ISP) amendment to be submitted through the usual ISP amendment process. The department provisionally approves emergency service authorizations of HCBS waiver services in order to ensure adherence to medical necessity rules and the individual cost neutrality cap. The ISC/CM is responsible for ensuring that, in the amendment of the ISP, HCBS DIDD Waiver services do not supplant benefits that are available to the waiver enrollee through their Managed Care Organization (MCO), Vocational Rehabilitation or services under a 504 Plan or Individual Education Program (IEP).

## VI. **PROCEDURES:**

- A. General Guidelines
  - 1. A provider may request emergency authorization of a waiver service or state funded service by contacting the Administrator on Duty (AOD) by telephone or pager outside usual business hours (i.e., 8:00 a.m. to 4:30 p.m. Monday through Friday) or on holidays. Contact information for the regional AOD is available on the DIDD website.

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2. Upon receipt of the emergency request, the AOD shall complete the DIDD AOD Checklist form.
3. Prior to rendering a decision, the AOD may require the provider to-submit additional supporting information by telephone, fax, or email.
4. Upon review of available information the AOD shall render a decision, e.g. approve or not approve the request. The AOD's decision shall be final and is not appealable.
  - a. If the AOD determines that the request is approvable, then the AOD shall authorize delivery of the service. Additionally the amount of service shall not exceed an amount that is sufficient until the next business day.
    - i. The AOD shall inform the provider verbally that the service request is provisionally approved and will be reviewed by the Plans Review Unit the next business day and approval is contingent upon review of medical necessity and the individual cost neutrality cap (if applicable).
    - ii. The AOD shall complete the Request for Emergency Service Authorization form and submit it to the Regional Office Administrative Services staff on the next business day.
    - iii. Regional Office Administrative Services staff shall update the cost plan and email a copy of the approved Request for Emergency Service Authorization form to the ISC/CM and to the provider by the next business day.
  - b. If the AOD determines that the request does not qualify as an emergency or that the request cannot be approved, the AOD shall inform the provider verbally that the request is not approvable.

B. ISP Amendments

1. The approved Request for Emergency Service Authorization form shall be considered to be an amendment to the Individual Support Plan (ISP) and shall be maintained with the ISP. The ISC/ CM shall not be required to submit an amendment to the ISP unless the service needs to be continued beyond the time period covered by the emergency authorization.

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2. If additional services are needed beyond the emergency authorization period, the ISC/CM shall submit an ISP amendment and any necessary supporting documentation to the Plans Review Unit the next business day. The ISP amendment shall be processed in accordance with policy 80.3.4 Authorization of Services.

VII. **CQL STANDARDS:** None

VIII. **REVISION HISTORY:** June 23, 2015

IX. **TENNCARE APPROVAL:** July 1, 2015

X. **ATTACHMENTS:**

- A. Request for Emergency Service Authorization Form
- B. DIDD AOD Checklist